



“Essentials for Data Quality”

**Data Quality Management Control Program
TRICARE Data Quality Course**

March 2011



Course Topics

- **Ambulatory Data Module (ADM)**
 - A Sub-System of CHCS
- **Visit Workload vs Encounter Services**
- **ADM and AHTLA Processes**
- **Coding Table Update Coordination**
- **Data Flows, Compliance and Errors! Oh My!**



- **“Tune-Up” Your Data !! And Performance**

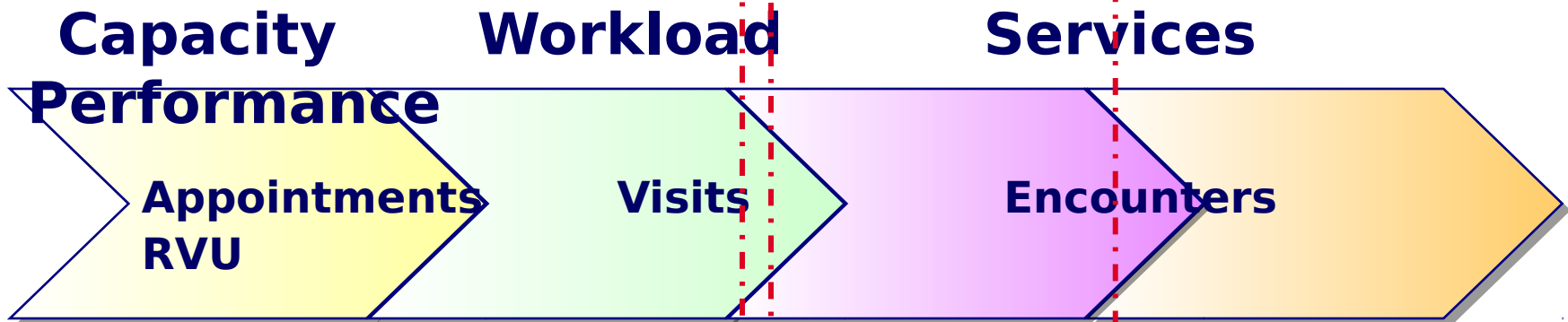


Objectives

- Recognize the increasing pressure to access, to analyze and to utilize various data sources to measure health care related services, quality, costs, performance, research and outcomes.
- Focus on the practical skills needed to "Transform Data Into Action", utilizing clinical data from CHCS ADM (or M2)
- Outline business rules and analysis techniques that can be applied to the data to identify the consistency of underlying clinical processes, performance trends and various data capture/quality issues.



Capturing Clinical Services



- Frozen
- Open
- Booked
- Pending

- Kept
- Walk-In/Sick-Call
- T-CONS
- LWOBS
- No-Show
- Cancelled (Patient)
- Cancelled (MTF)
- Cancelled (TOL)
- Occ-Svc

- Open (Not Coded)
- Complete
 - Diagnosis
 - Procedures/Services
 - Documentation
- Quality of Services
- Population Health
- Standard of Care
- Outcomes
- Practice Profiles

- Simple Relative Value Units (RVU)
- Enhanced RVU
 - Enhanced Work RVU
 - Enhanced Practice Expense
- Average RVU/Encounter
- RVU/Provider FTE/Day

Focus Shifting from “Counting Visits” to Measuring Work/Services Provided

First There Was ...





The "Bubble" Sheet...



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DO NOT WRITE IN THIS SPACE

OTHER DIAGNOSES

Diagnosis:
Description

Diagnosis:
Description

Diagnosis:
Description

ICD Code #1

ICD Code #2

ICD Code #3

DO NOT USE PENS THAT HAVE "BLEED THROUGH" INK

DIAGNOSES

OTHER PROCEDURES/EVALUATION & MGMT

CPT Code #1

CPT Code #2

CPT Code #3

Procedure:
Description

Procedure:
Description

Procedure:
Description

PROCEDURES

NEW PRIMARY PROVIDER

PROVIDER NUMBER

INSURANCE INFORMATION

Do You Have HEALTH INSURANCE Other Than MEDICARE Or CHAMPUS? ☐ Yes ☐ No

Has Any Information Changed Since Your Last Visit? (If Yes, Please Make Changes) ☐ Yes ☐ No

Insurance Company Name: _____ Phone No.: _____

Insurance Company Address: _____

Insurance ID No.: _____ Group Name: _____ Group No.: _____

Subscriber's Name: _____ Patient's Relationship to Subscriber: _____

ADDITIONAL PROVIDER

PROVIDER NUMBER

PROVIDER ROLE

☐ Assisting Provider

☐ Supervising Provider

☐ Nurse

☐ Para-Professional

ADDRESS CHANGES/CORRECTIONS

Name: _____ SSN: _____

Address: _____

City: _____

State: _____ Zip: _____

Patient Cat.: _____ Other: _____

Home Phone No.: (____) _____

Work Phone No.: (____) _____

Sponsor's Work Phone No.: (____) _____

ADDITIONAL PROVIDER

PROVIDER NUMBER

PROVIDER ROLE

☐ Assisting Provider

☐ Supervising Provider

☐ Nurse

☐ Para-Professional

FOR OFFICIAL USE ONLY

FMP	SPONSOR SOCIAL SECURITY NUMBER	TIME	DATE
			MO. DAY YR.
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0



And Now...

USER, TEST: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO) - Training System

File Edit View Go Tools Actions Help

Refresh Add Note Add Providers Templates Sign Save As Template Close

ALEXANDER, VIOLET W 20/202-45-5743 45yo F Col DOB:25 Jan 1959 NKA Options

Folder List

- CHCS-I
 - Immunizations Adm
 - ALEXANDER, VIOLET
 - Demographics
 - Health History
 - Problems
 - Meds
 - Allergy
 - Wellness
 - Immunizations
 - Vital Signs Rev
 - PKC Couplers
 - Readiness
 - Patient Questic
 - Lab
 - Radiology
 - Clinical Notes
 - Previous Encoun
 - Flowsheets
 - Current Encounter
 - Screening
 - Vital Signs Ent
 - S/D
 - A/P
 - Disposition

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling
- Blood Pressure Screen
- Mammogram Screening
- Regular Activity Counseling
- Total Cholesterol Screen

Date: 09 Nov 2004 0930 EST Status: In Progress MTF: CHCSII ITT Facility

Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII ITT Clinic

Patient Status: Outpatient

Reason for Appointment: cough & fever HTN followup

Appointment Comments: middle age illnesses/perimenopause

AutoCites Refreshed by USER, TEST @ 02 Dec 2004 2306 EST

Problems

- ESSENTIAL HYPERTENSION
- METORRRHAGIA
- IRON DEFICIENCY ANEMIA

Active Family History

No Active Family History Found.

Allergies

No Allergies Found.

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
AMLODIPINE (NORVASC) 5MG--PO 5MG TAB	Active	QD	6 of 6	Not Recorded
HCTZ (ESIDRE X/ORE TIC)--PO 25MG TAB	Active	QD	6 of 6	Not Recorded
FERROUS SULFATE--PO 325MG TAB	Active	1 QD	6 of 6	Not Recorded

CPG Autocites

CPG Autocites	6 Jun 2004	14 Apr 2004	21 Jan 2004
Hemoglobin A1c (Diabetes CPG) (Goal: <8)	8.3 mg/dl	8.9 mg/dl	8.7 mg/dl
LDL (Diabetes CPG, Hyperlipidemia CPG) (Goal: <100)	114 mg/dl		

Screening Written by USER, TEST @ 02 Dec 2004 2318 EST

Reason For Appointment: cough & fever

Vitals Written by USER, TEST @ 02 Dec 2004 2334 EST

BP: 122/66, HR: 72,

A/P Written by USER, TEST @ 03 Dec 2004 1027 EST

1. Patient Counseling: Adequate Calcium Counseling Complet

Laboratory(ies): HGB A1C (Routine); LIPID PAI

USER, TEST in CHCSII Test Clinic at CHCSII ITT





Visits vs Encounters

- An “ENCOUNTER” captures services provided:
 - Reason for seeking care
 - Where the services were provided
 - Level of Medical Decision Making/Complexity
 - Clinical services provided
 - Identifies Staff (By Name) providing the services
 - Provider Seen
 - Clinical Specialty
 - Secondary Providers (Assisting, Supervising, Nursing, Para-Professional, etc.)
 - Both COUNT and NON-COUNT Visits are Encounters
- **DQMCRL Statement C. 9. a):**



Encounter Data Elements

- **ICD-9 Coding - Why the Patient was seen?**
 - Chief Complaint and Diagnoses
- **CPT Coding - What was done to address the patient problem?**
 - Physician/Provider Services/Procedures that supports capture of RVU
 - Modifiers (explain additional details about the Service or Procedure)
 - Units of Service
- **HCPCS Coding - What additional services/supplies were provided?**
- **Evaluation & Management Coding (CPT Code):**
 - Setting
 - Office, Inpatient Professional Services (IPSR), Emergency, Preventive Service, Inpatient/Outpatient Consults, etc.
 - Level of Services
 - Complexity (Minimal, Low, Moderate, or High)
 - Age Band
 - Preventive Services/Wellness





Additional Details

- **HIPAA standard data elements:**
 - Cause of Injury (and associated elements)
 - Geographic Location of Injury (Motor Vehicle Accidents)
 - Pregnancy Related (and associated elements)
 - HIPAA Provider Taxonomy
- **Secondary Providers**
- **Additional E&M Codes (up to 2 Additional E&M Codes)***
- **Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)**
- **CPT Code Units of Service (per CPT Code)***
- **CPT Code Modifiers (up to 3 - per CPT Code)***
- **Military Unique ICD-9 Codes (ICD-9 Code Extenders)**
 - V70.5 4 PRE-DEPLOYMENT EXAMINATION
 - V70.5 5 DURING DEPLOYMENT EXAMINATION
 - V70.5 6 POST-DEPLOYMENT EXAMINATION
 - V70.5 D PRE-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2795
 - V70.5 E INITIAL POST-DEPLOYMENT ASSESSMENT: DOCUMENTED ON DD2796
 - V70.5 F POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA): DOCUMENTED ON DD2900
 - V70.5 G GWOT/WOUNDED WAR EXAM
- **Encounter Disposition (Inpatient Services and Ambulatory Disposition)**

***Additional coded data elements included in the Comprehensive Ambulatory/Professional Encounter Record (CAPER) Re-Designed**

SADR



Encounter Data Capture

ADM Patient Encounter		DATA FROM CHCS II
01/800-00-0000		AGE: 6m
SNNNNNNNN,NNNNNN NNNNN		
<hr/>		
Appt Date/Time : 16 Feb 2011@0830	Type: WELL	Status: KEPT
Clinic: CHC-TEAM CONFIDENCE	MEPRS: BGAI	Injury/Accident Related: No
In/Outpatient: Outpatient	RPV: No	Pregnancy Related: No
Appt Provider: CASH,DANIEL GLEN	Appt Prov Taxonomy: 207Q00000X	
Appt HCP Role: 1 ATTENDING		
Additional Providers: Yes		
Disposition: RELEASED W/O LIMITATIONS		
<hr/>		
ICD-9	Dx Description	City
V20.2	ROUTINE INFANT OR CHILD HEALTH	
V06.9	NEED PROPHYLACTIC VACCINATION	
V03.82	PROPHY VAC AGNST STREPT PNEUMO	
V04.89	NEED PROPH VACC&INOC OTH VIR	
<hr/>		
Chief Complaint: V20.2 ROUTINE INFANT OR		

- **Key Appointment (Visit) data obtained from CHCS Patient Appointment Scheduling (PAS)**
- **Only "Encounter" related data elements can be updated in ADM**
- **Visit and Workload data must be updated in CHCS PAS/MCP**
- **ADM displays CHCS II (AHTLA) as the source of the Encounter Coding**
- **Changes made in ADM do not update AHTLA**



Additional Providers

ADM Patient Encounter - Additional Providers
SNNNNNNNN,NNNNNN NNNNN 01/800-00-0000 AGE:6m

Appt Date/Time : 16 Feb 2011@0830 Type: WELL Status: KEPT
Clinic: CHC-TEAM CONFIDENCE MEPRS : BGAI

=====

Additional Providers	Order Role		Taxonomy Code
CASH,DANIEL GLEN	1	1 ATTENDING	207Q00000X
GIORDANO,ANGELA M	2	4 NURSE	163W00000X



Additional Coding Details

ADM Patient Encounter - CPT/HCPCS Code Enter/Edit

SNNNNNNNN,NNNNNN NNNNN 01/800-00-0000 AGE:6m

Appt Date/Time : 16 Feb 2011@0830 Type: WELL Status: KEPT
Clinic: CHC-TEAM CONFIDENCE MEPRS : BGAI

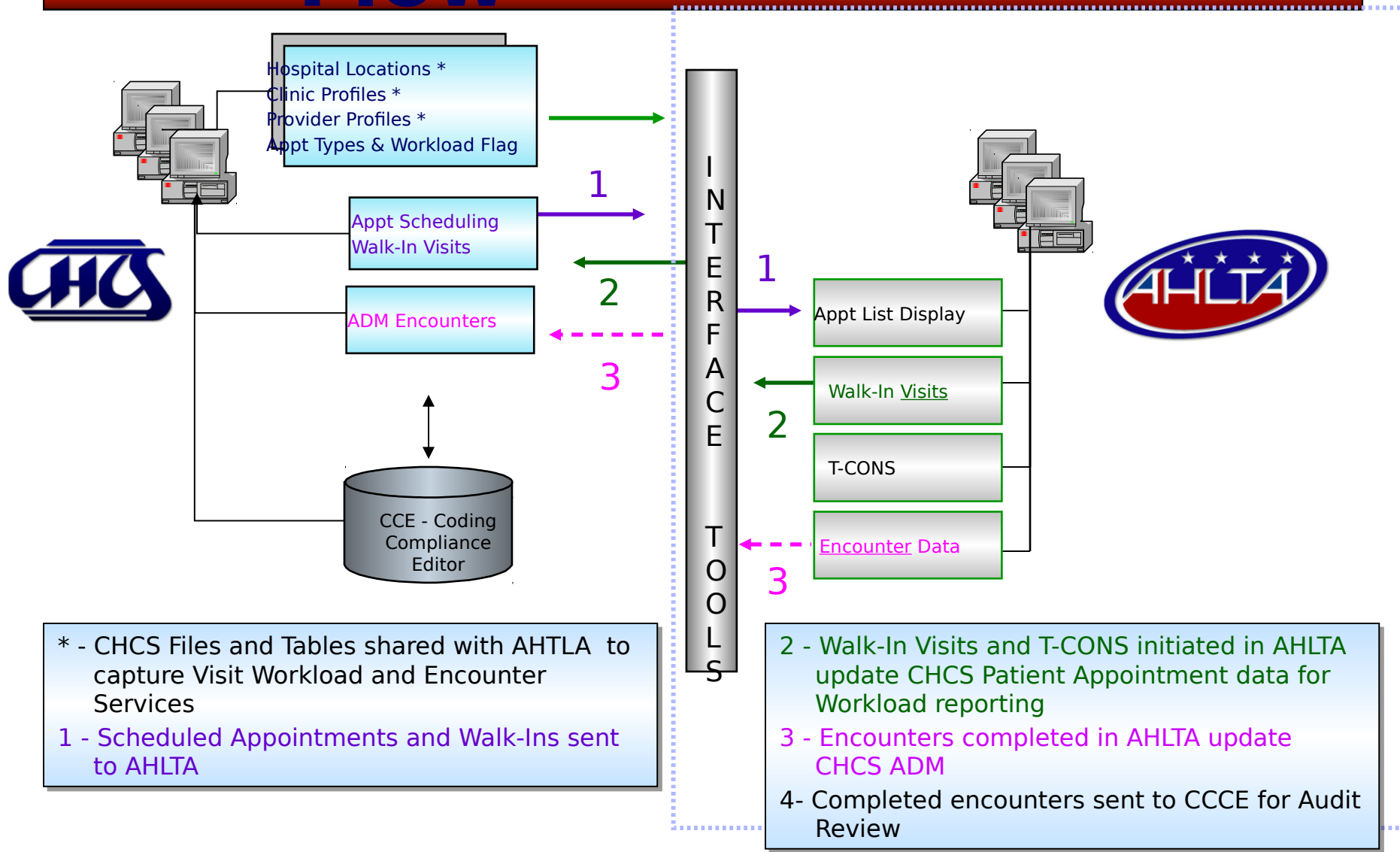
ICD-9	Dx Description	Priority
V20.2	ROUTINE INFANT OR CHILD HEALTH	1
V06.9	NEED PROPHYLACTIC VACCINATION	2
V03.82	PROPHY VAC AGNST STREPT PNEUMO	3
V04.89	NEED PROPH VACC&INOC OTH VIR	4

CPT/HCPCS Description	Dx Lvl 1-4	Mod1	Mod2	Mod3	HCP	Units
90472 IMMUNIZATION ADMIN;EA ADD VACC	23				12	1
90698 DTAP-HIB-IPV VACCINE, IM USE	2				12	1
90670 PNEUM CON VACC,13 VAL,INTRAMUS	3				12	1
90473 IMMUNIZ ADM INTRANAS/ORAL	4				12	1
90680 ROTAVIR VACC,3 DOS SCH	4				12	1
	2				12	1
	3				12	1
	4				12	1
	4				12	1

- Links Dx Levels to CPT Coded Procedures
- Identifies Procedure Provider
- Captures Modifiers and Units of Service
- Units of Service used as a multiplier for Enhanced RVU calculations and Billing



Visit/Encounter Data Flow





Encounter Data Flow

- **CHCS-ADM serves as the local MTF operational data store for Ambulatory and Inpatient Professional Services based on:**
 - Clinical Encounter data entered directly into ADM
 - “Written Back” from Signed (Completed) AHLTA Encounter Notes
 - ADM can be used to update Encounter Coding – BUT!!! ADM does not update AHLTA
 - Updated from the Coding Compliance Editor (CCE)
 - CCE can be used to update Encounter Coding, but CCE does not update AHLTA
- **Prepares daily batch data extract files:**
 - Standard Ambulatory Data Record (SADR)
 - Comprehensive Ambulatory and Professional Services Record (CAPER) also known as the “SADR Re-Design”
 - Coding Compliance Editor (CCE) Extract
 - Billing data extracts for:
 - Medical Services Accounting (MSA)
 - Third Party Outpatient Collections System (TPOCS)



Encounter Data Extracts

DATA ELEMENT	SADR	CAPER	BILLING
HIPAA standard data elements:			
Injury Related Cause Codes	No	Yes	Yes
Geographic Location of Injury (Motor Vehicle Accidents)	No	Yes	Yes
Pregnancy Related (and associated elements)	No	No	Yes
HIPAA Provider Taxonomy	Yes	Yes	Yes
ICD-9 Diagnosis Code (1-4)	Yes	Yes	Yes
ICD-9 Diagnosis Code (5-10)	No	Yes	Yes
Diagnosis Code Priority (Links Procedure to Dx 1, 2, 3 and/or 4)	Yes	Yes	Yes
CPT/HCPCS Codes 1-4	Yes	Yes	Yes
CPT /HCPCS Codes 5+	No	Yes	Yes
CPT/HCPCS Code Units of Service (per CPT Code)	No	Yes	Yes
CPT/HCPCS Code Modifiers (up to 3 - per CPT Code)	No	Yes	Yes
E&M (CPT) Code	Yes	Yes	Yes
Additional E&M Codes (up to 2 Additional E&M Codes)	No	Yes	Yes
Additional Secondary Providers	Yes	Yes	
Workload Flag (COUNT or NON-COUNT)	No	Yes	N/A
Source System Indicator (ADM or CHCS II)	Yes	Yes	N/A



Data Extract Processing

- **The SADR/CAPER is a daily batch extract ASCII (Text) File for each MTF DMIS ID that contains patient level data for:**
 - Ambulatory Clinic Encounters
 - Ambulatory Procedure Visits (APV) Encounters
 - Inpatient Consults (Not associated with the Attending Clinical Service)
 - Inpatient Attending Provider Professional Services (IPSR-RNDS*)
- **The SADR Nightly Process is scheduled in CHCS to run at ~2030 - 2130 each night:**
 - Includes ADM & AHLTA completed encounters
 - Includes ADM updates and updates received from AHLTA and CCE
- **Following the SADR Nightly Process, billable encounter services (that met the 3 Day Billing “Hold”) and CCE Review/Release to Billing, are sent by CHCS to:**
 - CHCS Medical Services Accounting (MSA)



SADR/CAPER Transmission

Divisions Producing SADR and TPOCS Data Extracts

Division	TPOCS	DMIS ID	Group DMIS ID
WOMACK AMC FT BRAGG NC	Yes	0089	0089
POPE HEALTH CLINIC	Yes	0634	0089
ROBINSON HEALTH CLINIC	Yes	7143	0089
USAOHC FT. BRAGG	Yes	0570	0089
OCC HLTH NSG, SUNNY POINT	Yes	0576	0089
FT BRAGG MCSC CONTRACTOR PCM	Yes	8009	6902
JOEL AHC - FT. BRAGG	Yes	7286	0089
CLARK HEALTH CLINIC	Yes	7294	0089

ICD-9 Download Year: 2010

CPT-4 Download Year: 2010

- The ADM System Manager Menu controls which MTF Divisions on the CHCS Host Platform will produce a SADR and Billing Extract File
- When a new DMIS (Division) is added, the SADR Extract status must also be set
- The SADR Nightly Task will create a SADR Extract File for each DMIS (Division) listed



Coding Compliance

- **Timeliness is a key element of Data Quality**

DQMCRL B. 6. a)

- a) What percentage of Outpatient Encounters, other than APVs, has been coded within 3 business days of the encounter?**
- b) What percentage of APVs have been coded within 15 calendar days of the encounter?**

- **Ambulatory Encounter Compliance is based Business Days elapsed from the Date of the Encounter, until the record is Complete**
- **APV Compliance is based on Calendar Days**
- **AHLTA/ADM “Write-Back” errors have impacted Coding Compliance measures - Most issues now resolved**
 - Specific Clinics and/or Providers can also be impacted to different degrees, particularly when there are issues with the Local Cache Server Synch Manager or Providers continue to use obsolete ICD-9 and CPT Codes



ADM Reports Menu

- From your CHCS Main Menu:
 - Type “ADS” to access the Ambulatory Data Module (ADM)
 - ADM is a Secondary Menu Option
 - CHCS Secondary Menus allow access across CHCS Sub-Systems

STYL	User Prompt Style
1	Appointments with No ADM Records by Clinic
2	ADM Patients with 3rd Party Insurance
3	ADM Compliance Report
4	ADM Records with Unresolved Coding Issues
5	Interface Transmission Status of ADM Record
6	Encounter Summary Report by Clinic/Provider
7	For Clinic Use Only Report
8	Encounter Specific Code Report by Clinic/Provider
9	Top Number Encounter Report
10	Appointment/Encounter Count Report
11	Patient Encounter Records Report

- Reports status Encounter Coding Completion By Provider and Clinic
- Log Status of AHLTA Degrades, Fail-Overs and/or Down-Times that may impact Coding Completion/Compliance



Compliance Report # 3

```
Select PAD System Menu Option: ADS  Ambulatory Data Module
Select Ambulatory Data Module Option: 2  Ambulatory Data Reports
Select Ambulatory Data Reports Option: 3  ADM Compliance Report
Select (D)MIS ID, (U)ser current division as filtering type or (Q)uit: U// D
Select (O)ne, (M)ultiple, (A)ll DMIS ID or (Q)uit: A// 0
Select DMIS ID: 0089  0089          WOMACK AMC
Select (C)linic, (P)rovider as primary sort or (Q)uit: C// C
Select (O)ne, (M)ultiple, (A)ll ADM clinics or (Q)uit: A// A
Summarize by provider (Y)es, (N)o, or (Q)uit: Y// N
Select (D)MIS, (M)EPR, (C)linic clinic sort order or (Q)uit: C//
Select (O)ne, (M)ultiple, (A)ll appointment status or (Q)uit: A// M
Include inpatient admitted by another service (Y)es, (N)o, or (Q)uit: Y// Y
Select (C)ount, (N)on-Count, (E)rror non-count, (B)oth as workload type
or (Q)uit: B// B
Select (M)onth and year, (S)pecific start and stop as date range or (Q)uit: S// M
Enter Month & Year: Jan 2010//  (Jan 2010)
Do you want to proceed with this report? No// Y
Select DEVICE: Q
Select DEVICE: SPOOL
Name File beginning with your Initials  CCC ADM COMP JAN10
```

- Choose One, Multiple or All DMIS
- Choose "No" to Summarize by Provider for Summary Report
- Choose Multiple for Appt Status to include only KEPT, WALK-IN & S-CALL
- Enter Q to Queue the Report Task
- Enter SPOOL to save the report to a Text File in CHCS (Capture and/or Print)



Capture Text->Import Excel

20 Apr 2010@0854

For Official Use Only
Ambulatory Data Module

Page 1

ADM Compliance Report by Clinic
From: Mar 2010 Thru: Mar 2010

Clinic	PAS Total	Complete ADM Total	Incomplete ADM Total	% Compliance
0089 BABA ALLERGY	789	767	22	97
0089 BCBA ANTE-PARTUM IN L&D	968	957	11	99
0089 BCB5 APU OB/GYN	86	86	0	100
5450 BAGM APV-GASTRO MOORE REG	1	0	1	0
0089 BFFA ASAP-82ND	470	464	6	99
0089 BFFA ASAP-CLARK	421	421	0	100
0089 BFFA ASAP-JOEL	602	602	0	100
0089 BHDA AUDIOLOGY	146	146	0	100
7286 BHDN AUDIOLOGY-JOEL CLINIC	23	23	0	100
0089 BBAA BARIATRIC SURGERY	218	218	0	100
0089 BFBA BIOFEEDBACK	65	63	2	97
0089 BBAA BREAST HEALTH CLINIC	183	182	1	99
0089 BACA CARDIOLOGY	649	631	18	97
0089 BAC5 CARDIOLOGY APV	7	7	0	100

- Report Run Monthly by ADM System Administrator and Clinical Data Services
- Imported into Excel and matched with M2 encounters



Daily Compliance Reporting

Subject: ADM Compliance Reports for 14 & 15 Feb 11 (UNCLASSIFIED)

Classification: UNCLASSIFIED

Caveats: FOUO

1. ADM compliance rate for 14 Feb: 96.53% with 172 outpatient encounters open (noncompliant - close ASAP). See attached reports, AdmOpen, for open encounters by provider.

Highest number of open encounters:

BBAA GEN SURG CLNS	<u>35</u>
BALA OP NUTR	<u>25 (SAME AS YESTERDAY'S REPROT)</u>
BGAR RHC	<u>23</u>
BEAA ORTHOPEDICS	<u>12 (SAME AS YESTERDAY'S REPROT)</u>

2. ADM compliance rate for 15 Feb: 95.20% with 240 outpatient encounters open (must be closed by COB).

Highest number of open encounters:

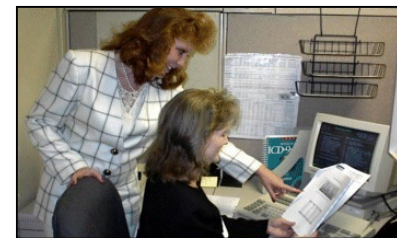
BBAA GEN SURG CLNS	<u>39</u>
BEAA ORTHOPEDICS	<u>21</u>
BBFA ENT	<u>14</u>
BGAR RHC	<u>12</u>

3. Reports are completed for each workday (excluding Saturdays/Sundays/Federal Holidays) for KEPT, S-CALL & WALK-IN appointments -- does not include APVs, APUs, OBSs, T-CONS & IBWAs. IAW MEDCOM/MEDCEN policy one hundred percent (100%) of outpatient encounters (excluding APVs, APUs, OBSs & IBWAs) must be completed within three (3) business days of the encounter.

- **Prepared by Clinical Operations Division**
- **Daily @ 0600**
- **Sent to all Departments**



- **Calculate difference between DATE LAST EDITED-Date of Service**
- **Completed Encounters must have at least 1 ICD-9 Code**





Interface Error Reports

1. AHLTA/ADM Write-Back Error Report (AHLTA Server)

- Coordinate with your AHLTA System Admin to run the report
- ASCII File of AHLTA Write-Back errors (Easily imported into Excel):
 - AHLTA encounter not accepted or received by ADM
 - SADR/CAPER not created
 - Encounter not sent to TPOCS, CCE or EAS
 - Impacts 3-Day Coding Compliance
 - Not all AHLTA WB Errors appear on the AHLTA/ADM Write Back Error Report
 - Some Encounters may have multiple Error conditions

2. ADM Interface Status of ADM Records Report (ADM Report)

- CHCS ADM Menu Option Report #5
- **Errors** - Encounter failed SADR edits - Not sent in SADR or to CCE

3. ADM SADR Error/Warning Report (ADM Sys Mgr Report)

- Errors listed will prevent a SADR from being created
- Warnings will still be included in the SADR

4. CCE Detailed Interface Error Report (ADM Sys Mgr Report)

- CHCS Menu Option within ADM System Manager Menu Option
- Report of CCE functional errors
- ADM not updated to generate updated SADR
- Billable encounters not available to submit for billing




Write-Back Error Report

ADM Write Back Errors					
Mar-10					
Count of APPT IEN		Years	APPOINTMENT DATE		
		2010			Grand Total
APPT TYPE	EXCEPTION TEXT	Jan	Feb	Mar	
ACUT	At least 1 ICD9 code must be present. 'V72.6' is not a valid value for ICD CODE. 'V72.6' cannot be found in the 'ICD9' code reference. 'V80.0' is not a valid value for ICD CODE. 'V80.0' cannot be found in the 'ICD9' code reference.			1 24	25
				2	2
				1	1
ACUT Total				1 27	28
ACUT\$	At least 1 ICD9 code must be present.			2	2
ACUT\$ Total				2	2
EROOM	At least 1 ICD9 code must be present. Test encounter will not be written back to ADM for Write. RILY-144852 TRANSACTION ID=168081656	1			1
EROOM Total		1		1	2
EST	At least 1 ICD9 code must be present. 'V72.6' is not a valid value for ICD CODE. 'V72.6' cannot be found in the 'ICD9' code reference. 'V80.0' is not a valid value for ICD CODE. 'V80.0' cannot be found in the 'ICD9' code reference.	2		5 199	206
				3	3
				1	1
EST Total		2		5 203	210
EST\$	At least 1 ICD9 code must be present.			14	14
EST\$ Total				14	14
ROUT	At least 1 ICD9 code must be present. 'V68.8' is not a valid value for ICD CODE. 'V68.8' cannot be found in the 'ICD9' code reference. 'V72.6' is not a valid value for ICD CODE. 'V72.6' cannot be found in the 'ICD9' code reference.			30	30
				1	1
				3	3
ROUT Total				34	34
ROUT\$	At least 1 ICD9 code must be present.				1
ROUT\$ Total					1
SPEC	At least 1 ICD9 code must be present. 'V80.0' is not a valid value for ICD CODE. 'V80.0' cannot be found in the 'ICD9' code reference.				64
SPEC Total					65
WELL	At least 1 ICD9 code must be present.				2
WELL Total					2
Grand Total					358

- Report run from the AHLTA Local Cache Server
- Providers/Staff must update AHLTA Favorites Lists and Personal Templates to the new ICD/CPT Codes
- Encounters completed for "BTST" or "QQQ" (Test Patients) are not written back
- At least 1 ICD-9 Diagnosis Code must be present
- Some encounters may have more than one error condition
- Errors resolved in CHCS ADM will still appear on the report



SADR Error/Warning Report

- **Menu Path:**
 - ADM Main Menu
 - #4 Ambulatory Data Collection Manager Menu
 - #6 ADM Data Extract Error Menu
 - #2 ADM SADR Error Report
- **Errors** listed will prevent a SADR from being created
- Warnings will still be  in the SADR



209 Errors

ADS INTERFACE ERROR/WARNING REPORT 23 Apr 2010@1247
17 Apr 2010 - 23 Apr 2010@2400 Page 1

CLINIC	PATIENT	APPT DATE/TIME	PROVIDER

EFMP-PEDIATRICS	PATIENT NAME	19 Apr 2010@1324	PROVIDER,SSSSSSS
ERR: 209	Appt_status not SADR/CAPER eligible.		
EFMP-PEDIATRICS	PATIENT NAME	19 Apr 2010@1325	PROVIDER,SSSSSSS
ERR: 209	Appt_status not SADR/CAPER eligible.		
OUTPT NUTRITION CLIN	PATIENT NAME	20 Apr 2010@1300	PROVIDER,VVVVVV
ERR: 209	Appt_status not SADR/CAPER eligible.		
WFM-TEAM INTEGRITY	PATIENT NAME	20 Apr 2010@1550	PROVIDER,KKKKKKKK
ERR: 209	Appt_status not SADR/CAPER eligible.		
ASAP-JOEL	PATIENT NAME	22 Apr 2010@1030	PROVIDER,AAAAAA
ERR: 209	Appt_status not SADR/CAPER eligible.		
ASAP-JOEL	PATIENT NAME	22 Apr 2010@1030	PROVIDER,DDDDDDDD
ERR: 209	Appt_status not SADR/CAPER eligible.		





What Happened ??

- AHLTA User updated the Appt Status to No-Show or Cancel after the initial SADR created
- CHCS later changed the status to **ADMIN**
- When the Appt Status between AHTLA and CHCS does not match, an ADM 209 Error is reported and a SADR is not created
- CHCS Appointment Audit File captured the updates....

CHCS APPOINTMENT AUDIT

Many of the 209 errors are caused by this:

07 Oct 2009@0830 PSYCHOLOGY-JOEL PROVIDER,DDDDDDDD

1	STAFF,CHARLES	10 Sep 2009@1511	PENDING
2	MIDTIER,BRAGG	07 Oct 2009@0954	NO-SHOW
3	STAFF,CHRISTY	08 Oct 2009@0911	ADMIN

02 Oct 2009@1500 MEN HLTH /RHC PROVIDER,00000000

1	STAFF,TONYA	23 Sep 2009@1133	PENDING
2	MIDTIER,BRAGG	25 Sep 2009@1031	CANCEL
3	STAFF,TONYA	01 Oct 2009@1205	ADMIN

01 Oct 2009@0900 NEUROLOGY CLINIC PROVIDER,LLLLLLLLLL

1	STAFF,JAKE B	28 Sep 2009@0845	PENDING
2	MIDTIER,BRAGG	30 Sep 2009@1509	CANCEL
3	STAFF,JAKE1	Oct 2009@0747	ADMIN

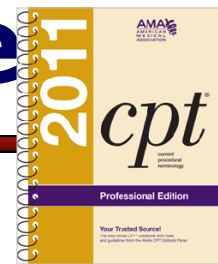


Process Rules !!!

- **Update Appointment Status in AHLTA:**
 - Checked-In (except for ER Arrivals which are entered into CHCS)
 - No-Show
 - Cancelled (By Patient or MTF)
 - LWOBS
- **AHLTA will update the Appointment Status in CHCS**
- **Updating the Appt Status in CHCS can result in errors, when the Status in CHCS is different than in AHTLA**
- **Changing the Appt Status to ADMIN in CHCS, is risky even to address “Duplicate” Visits**
- **T-CONS created in AHTLA, will initially show as OCC-SVC**
- **T-CONS transferred in ATHLA to other Providers will show in CHCS as assigned to the initial Provider assigned**
- **T-CONS initiated in ATHLA should be Completed or Cancelled in AHTLA - Do Not use the ADMIN function in CHCS**



Coding Table Update



January						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
7: 15: 23: 30:						

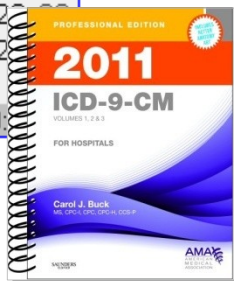
- **CPT/HCPCS - Updated per Calendar Year**

- **Effective 1 Jan**
- MTF updates synchronized for AHLTA, CHCS and CCE
- CPT/HCPCS automatically sent to TPOCS from CHCS
- Use CHCS or M2 to identify Obsolete Codes used - to identify impact and reduce "Obsolete" ICD-9 Code Write-Back errors
- Coordinate with Ancillary Areas (LAB/RAD) to update CHCS LAB/RAD Site Defined files and Radiology Procedure Groups

October						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
7: 14: 22: 30:						

- **ICD-9 - Updated per Fiscal Year**

- **Effective 1 Oct**
 - MTF updates must be coordinated for AHLTA, CHCS, CCE and TPOCS
- Use CHCS or M2 to identify obsoleted codes used - to identify impact and reduce "Obsolete" coding AHLTA Write Back errors



CHCS-ADM has been changed to support ICD-9 and CPT Coding validation, based on Date of Service - needed for Billing and CCE encounter coding updates



The “99499” Placeholder

- **June 2005:**

- E&M Code became optional for APV and encounters when at least 1 CPT/HCPCS Code was entered
- E&M Code was no longer required for NON-COUNT Visits
 - Remember! – IPSR RNDs* are NON-COUNT Visits
- TPOCS still requires the “99499” Placeholder

Current recommendation:

Continue to enter the “99499” E&M Code Placeholder in ADM



Womack Army Medical Center

Data Quality Screener Tools

REPORT	DESCRIPTION	LINK
Allied & Mental Health Penalty	Allied & Mental Health Encounters with invalid Coding resulting in PBAM Penalties <ul style="list-style-type: none">Data Source: CHCS Encounter Detail Query	Allied & Mental Health Penalty Report
RN Scope of Practice	RN Encounters with invalid E&M Coding resulting in Overstated RVU and documentation of Independent Practice <ul style="list-style-type: none">Data Source: CHCS Encounter Detail Query	RN Scope of Practice
No RVU Value Encounters	Encounters that will result in Zero RVU, due to 99499 or Null E&M Codes and No CPT Codes for the Procedure/Services provided <ul style="list-style-type: none">Data Source: CHCS Encounter Detail Query	No RVU Value Encounters
Encounters with Admin Coding	Clinical Encounters with Administrative Dx Coding <ul style="list-style-type: none">Data Source: CHCS Encounter Detail Query	V68.89 Review
DEM MIA Encounters	Encounters with invalid E&M Codes or MSA as HCP Seen <ul style="list-style-type: none">Data Source: CHCS Encounter Detail Query	DEM MIA Encounter S...



Back ▾

Use the Internet Back Button

Return to the Main Data Page



Allied & Mental Health

FY-11 AH, MH and DSW Coding Penalty														
As of 22 Feb @ 0600														
Source: CHCS Enctr Detail Query														
Current Errors DEPT List														
Error Count							MONTH							
DEPT							Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Grand		
ASAP								2	3				5	
DO&R								1			11		12	
DOBH								2	21	41	35		99	
DOPM							1	1					2	
DOS								2		2	2		6	
DSWS										3	19		22	
OPTO							12	9		6	2		29	
Grand Total							13	17	24	52	69		175	

**Allied & Mental Health Evaluation & Management
Mis-coding results in overstated RVU**



99499 - No CPT Code

FY-11 DEPT 99499 - NO CPT-1				
As of 22 Feb @ 0800				
* Excludes T-CONS				
Both 99499 & Null E&M				
Refreshed: Dec-Jan-Feb				
Providers				
EM CODE	(All)			
WORKLOC	(All)			
HCP SPEC	(Multiple Items)			
HC SYS	(All)			
Count	MONTH			
DEPT	Dec-10	Jan-11	Feb-11	Grand Total
ASAP	10	24	50	84
CHC	35	19	23	77
DEM	484	529	1,200	2,213
DO&R	92	92	75	259
DOBH	64	116	540	720
DODH	92	181	118	391
DOM	190	177	44	411
DOPM	72	92	139	303
DOS	61	98	71	230
DSWS	144	184	113	441
JHC	14	33	10	57
NCD	8	2	5	15
OB/GYN	125	237	138	500
OPTO	7	9	12	28
PEDS	241	244	165	650
PHC	24	24	5	53
RHC	50	33	20	103
WFMRC	79	105	87	271
WTB	5	1		6
Grand Total	1,797	2,200	2,815	6,812

Check for BOTH 99499 and Blank E&M for KEPT, WALK-IN & S-Call Visits



RN/LPN Mis-Coded

FY11 RN MIS-CODED TRACKER

As of 22 Feb 2011

Only Valid Codes are 99499 & 99211

MONTH

Jan-11

Count

EM_CODE

DEPT	99212	99213	99214	99215	99391	99392	99395	99396	99397	99441	Grand Total
CHC		1					3			28	32
DMM				1							1
DODH	8										8
DOM	2										2
DOS		1									1
JHC		4								11	15
OB/GYN	4	5	7	9				2	2	2	31
PEDS	1	11	1		2	4				10	29
Grand Total	15	22	8	10	2	4	3	2	2	51	119

NOTES

RN/Tech Mis-Coded is based on Provider Specialty of RN/Tech, where E&M Services were documented using Physician E&M Services Codes.

% T-CONS

42.9%



Notes:

- Head RNs and Clinic Administrators notified of RN Mis-Coded Encounters.
- Coders, Staff and AHTLA Trainers support Staff Training and Coding Corrections

Source: CHCS-ADM Encounter Detail Query



Summary



- Identify one DQ Area to focus on the “Margin of Difference”:
 - Units of Service for Time-Based and Unit-Based Services
 - RN/Tech Scope of Practice
 - Allied and Mental Health Encounter Coding to prevent over-stated RVU
 - Encounters closed with Administrative ICD-9 Dx
 - Encounters closed with a Placeholder E&M Code and No CPT Coded services
 - Encounter completion compliance

ADM Questions?

